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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 8344

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/799,876 | FILING DATE<br>03/15/2004<br><br>RULE | CLASS<br>313 | GROUP ART UNIT<br>2879 | ATTORNEY<br>DOCKET NO.<br>250291US2SRD<br>CONTINUATION |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

Masayuki Nakamoto, Chigasaki-shi, JAPAN;

**\*\* CONTINUING DATA** *K.G* \*\*\*\*\*  
 This application is a CON of 09/987,862 11/16/2001

**\*\* FOREIGN APPLICATIONS** *K.G* \*\*\*\*\*  
 JAPAN 2000-351610 11/17/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 05/28/2004**

|  |  |                              |                        |                       |                            |
|--|--|------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>R. Guharay</i><br>Examiner's Signature | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>18 | INDEPENDENT<br>CLAIMS<br>2 |
|--|--|------------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 22850  
 OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.  
 1940 DUKE STREET  
 ALEXANDRIA, VA  
 22314

TITLE  
 Field emission cold cathode device of lateral type

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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